

## TEMPORARY PERMIT/SUPERVISOR AFFIDAVIT

I am applying for a temporary permit to practice **as a respiratory care practitioner** in the State of Idaho. Please complete and return form directly to the Idaho State Board of Medicine, P.O. Box 83720, Boise, ID 83720-0058; Express Mail: 1755 Westgate Dr., Ste. 140, Boise, ID 83704.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### FACILITY

Must provide a Supervisor Affidavit to the Board for each facility employed to practice respiratory care.

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Telephone)

\_\_\_\_\_

(City)

(State)

(Zip Code)

### SUPERVISOR

Must be a permanent licensed respiratory care practitioner and/or physician and must complete the Supervisor Affidavit.

Name: \_\_\_\_\_

(Last)

(First)

(Initial)

Address: \_\_\_\_\_

(Street)

(Telephone)

\_\_\_\_\_

(City)

(State)

(Zip Code)

(Idaho License)

### AFFIDAVIT OF SUPERVISOR

Applicant will work under my personal supervision and I assume responsibility for the applicant's work.

\_\_\_\_\_  
Signature of Supervisor

State \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature \_\_\_\_\_

My commission expires \_\_\_\_\_